



**Residential Application for Storm Water Remediation  
Financial Hardship Exemption**

**Please print all information  
Please complete this form and return it to the Treasury Department,  
P. O. Box 609, Bel Air, Maryland 21014 or fax 879-4883.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Eligibility Requirements:**

- Do you receive a credit on your property taxes issued by the Homeowners' Property Tax Credit Program?

☐ Yes ☐ No

- Do you receive any energy assistance or subsidy?

Type: \_\_\_\_\_

- Do you receive any public assistance, i.e., supplemental social security, food stamps?

Type: \_\_\_\_\_

- Do you receive veterans or social security disability benefits?

Type: \_\_\_\_\_

I, the undersigned, do hereby declare under the penalties of perjury that the information provided on this application is, to the best of my knowledge and belief, true, correct, and complete.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

By : \_\_\_\_\_

Approved: \_\_\_\_\_

Denied/Reason: \_\_\_\_\_

Tax Billing Effective: Jul 1, \_\_\_\_\_ to Jun 30, \_\_\_\_\_